B1 (Official Form 1 Case) 15-80891 Doc 1 Filed 04/01/15 Entered 04/01/15 14:02:52 Desc Main UNITED STATES BANKRUPTCY DOOUTMENT Page 1 of 45 **VOLUNTARY PETITION** NORTHERN DISTRICT OF ILLINOIS Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Jackson, Mary E. All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Mary Ellen Jackson; Mary J Jackson; Mary Lamb Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): **7550** (if more than one, state all): Street Address of Debtor (No. and Street, City, and State): Street Address of Joint Debtor (No. and Street, City, and State): 10829 Miller Lane Machesney Park, Illinois 61115 ZIP CODE ZIP CODE County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: WINNEBAGO Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above): ZIP CODE Type of Debtor **Nature of Business** Chapter of Bankruptcy Code Under Which (Form of Organization) (Check one box.) the Petition is Filed (Check one box.) (Check one box.) Health Care Business Х Chapter 7 Chapter 15 Petition for Individual (includes Joint Debtors) Single Asset Real Estate as defined in Chapter 9 Recognition of a Foreign Chapter 11 See Exhibit D on page 2 of this form. 11 U.S.C. § 101(51B) Main Proceeding Chapter 12 Chapter 15 Petition for Corporation (includes LLC and LLP) Railroad П Chapter 13 Recognition of a Foreign Partnership Stockbroker Other (If debtor is not one of the above entities, check Commodity Broker Nonmain Proceeding this box and state type of entity below.) Clearing Bank Other Tax-Exempt Entity Nature of Debts **Chapter 15 Debtors** (Check box, if applicable.) (Check one box.) Country of debtor's center of main interests: X Debts are primarily consumer ☐ Debts are Debtor is a tax-exempt organization debts, defined in 11 U.S.C. primarily Each country in which a foreign proceeding by, regarding, or under title 26 of the United States § 101(8) as "incurred by an business debts. against debtor is pending: Code (the Internal Revenue Code). individual primarily for a personal, family, or household purpose." Filing Fee (Check one box.) Chapter 11 Debtors Check one box: X Full Filing Fee attached. Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is Check if: unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment Filing Fee waiver requested (applicable to chapter 7 individuals only). Must on 4/01/16 and every three years thereafter). attach signed application for the court's consideration. See Official Form 3B. Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. X Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. **Estimated Number of Creditors** 50-99 100-199 200-999 5.001-10.001-25,001-50.001-1-49 1.000-Over 50,000 100,000 5,000 10,000 25,000 100,000 Estimated Assets Х \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than \$50,000 \$500,000 to \$1 billion \$1 billion \$100,000 to \$1 to \$10 to \$50 to \$100 to \$500 million million million million million Estimated Liabilities х  $\Box$ П П \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than \$50,000 \$100,000 \$500,000 to \$1 to \$10 to \$50 to \$100 to \$500 to \$1 billion \$1 billion

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| Voluntary Petiti                   | 1Case)15-80891 Doc 1 Filed 04/01/15<br>ion Document   | Entered 04/01/15 14:02:52  | Desc Main Page 2   |
|------------------------------------|---|--|--|
|                                    | be completed and filed in every case.) uptcy Cases Filed Within Last 8 Years (If more than two, attach addit  | tional sheet.)   |  |
| Logotion                           | IONE  | Case Number:   | Date Filed:  |
| Location                           |   | Case Number:   | Date Filed:  |
| Where Filed:<br>Pending Bankru     | aptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor  | (If more than one, attach additional sheet.)   |  |
| Name of Debtor:                    |   | Case Number:   | Date Filed:  |
| District:                          |   | Relationship:  | Judge:   |
| 10Q) with the So of the Securities | Exhibit A and if debtor is required to file periodic reports (e.g., forms 10K and ecurities and Exchange Commission pursuant to Section 13 or 15(d) Exchange Act of 1934 and is requesting relief under chapter 11.)  is attached and made a part of this petition.                               | Exhibit  (To be completed if debywhose debts are primaril  I, the attorney for the petitioner named in the informed the petitioner that [he or she] may of title 11, United States Code, and have ex such chapter. I further certify that I have del by 11 U.S.C. § 342(b).  X | tor is an individual<br>y consumer debts.)<br>e foregoing petition, declare that I have<br>proceed under chapter 7, 11, 12, or 13<br>plained the relief available under each |
|                                    | Exhibour or have possession of any property that poses or is alleged to pose Exhibit C is attached and made a part of this petition.  |  | ublic health or safety?  |
|                                    | Exhib   |  |  |
| X Exhibit D,  If this is a joint p | d by every individual debtor. If a joint petition is filed, each spouse mu-<br>completed and signed by the debtor, is attached and made a part of this<br>setition:  , also completed and signed by the joint debtor, is attached and made a part of this   | petition.  |  |
| X                                  | Information Regarding (Check any app Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180 day   | of business, or principal assets in this Distric<br>ys than in any other District.   | t for 180 days immediately   |
|                                    | There is a bankruptcy case concerning debtor's affiliate, general part  Debtor is a debtor in a foreign proceeding and has its principal place no principal place of business or assets in the United States but is a District, or the interests of the parties will be served in regard to the r | e of business or principal assets in the United S<br>a defendant in an action or proceeding [in a fe   |  |
|                                    | Certification by a Debtor Who Resides (Check all appli  | _ ,  |  |
|                                    | Landlord has a judgment against the debtor for possession of debt   | or's residence. (If box checked, complete the f  | following.)  |
|                                    |   | (Name of landlord that obtained judgment)  |  |
|                                    |   | (Address of landlord)  |  |
|                                    | Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possessi  |  |  |
|                                    | Debtor has included with this petition the deposit with the court of of the petition.   | f any rent that would become due during the 30   | 0-day period after the filing  |
|                                    | Debtor certifies that he/she has served the Landlord with this certi  | fication. (11 U.S.C. § 362(1)).  |  |

Rager Beofr45 Jackson, Mary E. Document **Voluntary Petition** (This page must be completed and filed in every case.) **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and correct. and that I am authorized to file this petition. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 (Check only one box.) or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. ☐ I request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I Certified copies of the documents required by 11 U.S.C. § 1515 are attached. have obtained and read the notice required by 11 U.S.C. § 342(b). Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States Code, chapter of title 11 specified in this petition. A certified copy of the specified in this petition. order granting recognition of the foreign main proceeding is attached. s/Mary E. Jackson X Signature of Debtor Mary E. Jackson (Signature of Foreign Representative) X Signature of Joint Debtor (Printed Name of Foreign Representative) Telephone Number (if not represented by attorney) **April 1, 2015** Date Date Signature of Attorney\* **Signature of Non-Attorney Bankruptcy Petition Preparer** s/Laura L McGarragan I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as Signature of Attorney for Debtor(s) defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have Laura L McGarragan provided the debtor with a copy of this document and the notices and information Printed Name of Attorney for Debtor(s)

McGarragan Law Offices required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum Firm Name fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor 1004 N. Main Street or accepting any fee from the debtor, as required in that section. Official Form 19 is Rockford, Illinois 61103 attached. (815) 961-1111 Telephone Number April 1, 2015 Printed Name and title, if any, of Bankruptcy Petition Preparer Date Social-Security number (If the bankruptcy petition preparer is not an individual, Bar No.: 6199753 state the Social-Security number of the officer, principal, responsible person or Fax: (815) 516-0541 partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) E-mail: laura@mcgarraganlaw.com \*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Address Signature of Debtor (Corporation/Partnership) Χ I declare under penalty of perjury that the information provided in this petition is true Signature and correct, and that I have been authorized to file this petition on behalf of the debtor. Date The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Signature of bankruptcy petition preparer or officer, principal, responsible person, or X partner whose Social-Security number is provided above. Signature of Authorized Individual Names and Social-Security numbers of all other individuals who prepared or assisted Printed Name of Authorized Individual in preparing this document unless the bankruptcy petition preparer is not an individual. Title of Authorized Individual If more than one person prepared this document, attach additional sheets conforming Date to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and

the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or

both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

# **UNITED STATES BANKRUPTCY COURT**

NORTHERN DISTRICT OF ILLINOIS

| In re Mary E. Jackson | Case No. |
|-----------------------|----------|
| Debtor                |          |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☑ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.

| Case 15-80891  B 1D (Official Form 1, Exh. D) (12/09)   |  | Filed 04/01/15<br>Document  | Entered 04/01/15 14:02:52<br>Page 5 of 45   | Desc Main  |
|---|--|---|---|--|
| (   | ,  |   |   |  |
| to obtain the services during   | ng the five o  | days from the tir   | ng services from an approved ag<br>me I made my request, and the fo<br>counseling requirement so I can  | ollowing exigent   |
| within the first 30 days a<br>the agency that provided<br>developed through the ag<br>case. Any extension of th<br>maximum of 15 days. Yo   | ofter you fil<br>I the counso<br>gency. Failu<br>Ie 30-day do<br>Dur case ma | e your bankrupeling, together vure to fulfill the eadline can be gong also be dismi | u must still obtain the credit control petition and promptly file with a copy of any debt managese requirements may result ingranted only for cause and is listed if the court is not satisfied ying a credit counseling briefing | a certificate from gement plan dismissal of your imited to a limited with your reasons |
| ☐ 4. I am not requ  | uired to rece  | eive a credit cou   | nseling briefing because of:  |  |
|   | cy so as to b  |   | § 109(h)(4) as impaired by reaso ealizing and making rational dec   |  |
| ☐ Disabilition Disabiliti Disabilition Disabilition Disabilition Disabilition Disabiliti Disabilition Disabiliti Disabilition Disabilition Disabilition Disabilition Disabiliti Disabilition Disabiliti | ity. (Defined<br>reasonable<br>ligh the Inter                                | effort, to partici  | 109(h)(4) as physically impaire ipate in a credit counseling brief ombat zone.  |  |
| ☐ 5. The United S counseling requirement of   |  |   | administrator has determined the tapply in this district.   | at the credit  |
| I certify under pe  | nalty of pe  | rjury that the i  | nformation provided above is  | true and correct.  |
| Signature of Debtor: s/Ma   | ary E. Jack  | cson  |   |  |
| Date: April 1, 2015   | _  |   |   |  |

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B6A (Official Form 6A) (12/07)

| In re Mary E. Jackson, |        | Case No. |            |  |
|------------------------|--------|----------|------------|--|
|                        | Debtor |          | (If known) |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

| DESCRIPTION AND<br>LOCATION OF<br>PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | Husband, Wife, Joint, or Community | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF<br>SECURED<br>CLAIM |
|--|--|------------------------------------|--|-------------------------------|
| NONE                                       |  |                                    |  |                               |
|  | \$0.00                                     |                                    |  |                               |

(Report also on Summary of Schedules.)

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B 6B (Official Form 6B) (12/2007)

| In re Mary E. Jackson, |        | Case No. |            |  |
|------------------------|--------|----------|------------|--|
|                        | Debtor |          | (If known) |  |

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand.  |                  | Cash                                    |                                       | \$25.00  |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | Checking                                |                                       | \$100.00   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | X                |   |                                       |  |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |                  | Furniture                               |                                       | \$1,200.00   |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   | Х                |   |                                       |  |
| 6. Wearing apparel.   |                  | Clothing                                |                                       | \$1,500.00   |
| 7. Furs and jewelry.  | X                |   |                                       |  |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X                |   |                                       |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | Х                |   |                                       |  |

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B 6B (Official Form 6B) (12/2007)

| In re Mary E. Jackson, | Case No. |            |
|------------------------|----------|------------|
| Debtor                 |          | (If known) |

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| (Continuation Sheet)  |                  |   |                                       |  |  |
|---|------------------|---|---------------------------------------|--|--|
| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |  |
| 10. Annuities. Itemize and name each issuer.  | X                |   |                                       |  |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |  |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |  |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х                |   |                                       |  |  |
| 14. Interests in partnerships or joint ventures. Itemize.   | Х                |   |                                       |  |  |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | Х                |   |                                       |  |  |
| 16. Accounts receivable.  | X                |   |                                       |  |  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |                                       |  |  |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |                                       |  |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.  | X                |   |                                       |  |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |                                       |  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                       |  |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |  |  |

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| n re Mary E. Jackson, |        | Case No. |            |
|-----------------------|--------|----------|------------|
|                       | Debtor |          | (If known) |

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| (Continuation Sheet)  |                  |   |                                       |   |  |
|---|------------------|---|---------------------------------------|---|--|
| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |   |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | Х                |   |                                       |   |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2000 Ford Taurus                        |                                       | \$2,400.00  |  |
|   |                  | 2000 Chrysler Concord                   |                                       | \$3,000.00  |  |
| 26. Boats, motors, and accessories.   | X                |   |                                       |   |  |
| 27. Aircraft and accessories.   | X                |   |                                       |   |  |
| 28. Office equipment, furnishings, and supplies.  | X                |   |                                       |   |  |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                       |   |  |
| 30. Inventory.  | X                |   |                                       |   |  |
| 31. Animals.  | X                |   |                                       |   |  |
| 32. Crops - growing or harvested. Give particulars.   | X                |   |                                       |   |  |
| 33. Farming equipment and implements.   | X                |   |                                       |   |  |
| 34. Farm supplies, chemicals, and feed.   | X                |   |                                       |   |  |
| 35. Other personal property of any kind not already listed. Itemize.  | X                |   |                                       |   |  |

2 continuation sheets attached Total ► \$8,225.00

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B6C (Official Form 6C) (04/13)

| In re Mary E. Jackson, | Case No. |            |
|------------------------|----------|------------|
| Debtor                 |          | (If known) |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debter eleimenthe enemations to reliab debter in entitled and en |   |
|--|---|
| Debtor claims the exemptions to which debtor is entitled under:  | ☐ Check if debtor claims a homestead exemption that exceeds |
| (Check one box)  | \$155,675.*   |
| ☐ 11 U.S.C. § 522(b)(2)  |   |
| □ 11 U.S.C. § 522(b)(3)  |   |

| DESCRIPTION OF PROPERTY | SPECIFY LAW<br>PROVIDING EACH<br>EXEMPTION | VALUE OF<br>CLAIMED<br>EXEMPTION | CURRENT<br>VALUE OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTION |
|-------------------------|--|----------------------------------|--|
| Cash                    | 735 ILCS 5/12-1001(b)                      | \$25.00                          | \$25.00  |
| Checking                | 735 ILCS 5/12-1001(b)                      | \$100.00                         | \$100.00   |
| Furniture               | 735 ILCS 5/12-1001(b)                      | \$1,200.00                       | \$1,200.00   |
| Clothing                | 735 ILCS 5/12-<br>1001(a),(e)              | \$1,500.00                       | \$1,500.00   |
| 2000 Ford Taurus        | 735 ILCS 5/12-1001(c)                      | \$2,400.00                       | \$2,400.00   |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| In re Mary E. Jackson | , Case I | No.        |
|-----------------------|----------|------------|
|                       | Debtor   | (If known) |

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box   | f debt   | tor has no c                             | reditors holding secured cla  | aims to    | o repoi      | rt on th | is Schedule D.   |                                 |
|--|----------|--|---|------------|--------------|----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM<br>WITHOUT<br>DEDUCTING VALUE<br>OF COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| ACCOUNT NO.<br>ack Mitchell<br>501 Windsor Rd<br>oves Park, IL 61111                                   |          |  | Purchase-Money Security Interest Daughters car  |            |              |          | \$3,000.00   |                                 |
|  |          |  | VALUE \$ \$3,000.00   |            |              |          |  |                                 |
|  |          |  |   |            |              |          |  |                                 |
|  |          |  |   |            |              |          |  |                                 |
|  |          |  |   |            |              |          |  |                                 |
|  |          |  |   |            |              |          |  |                                 |
| o continuation sheets  |          |  | Subtotal ► (Total of this page)   |            |              |          | \$ 3,000.00  | \$ 0.                           |
| анаспец  |          |  | Total ► (Use only on last page)   |            |              |          | \$ 3,000.00  | \$ 0.                           |

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B6E (Official Form 6E) (04/13)

| In re |                 |                                       |            |
|-------|-----------------|---------------------------------------|------------|
|       | Mary E. Jackson | , Cas                                 | se No.     |
|       | Debtor          | · · · · · · · · · · · · · · · · · · · | (if known) |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts  $\underline{not}$  entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-80891 Doc 1 Filed 04/01/15 Entered 04/01/15 14:02:52 Page 13 of 45 Document B 6E (Official Form 6E) (04/13) - Cont. In re Mary E. Jackson Case No. Debtor ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**0** continuation sheets attached

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| In re Mary E. Jackson , | Case No. |           |
|-------------------------|----------|-----------|
| Debtor                  | (i       | if known) |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME. DATE CLAIM WAS AMOUNT OF UNLIQUIDATED CONTINGENT CODEBTOR **MAILING ADDRESS INCURRED AND CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. \*\*\*\* Student Loan **ACS Educational Services** \$4.683.00 PO Box 7051 Utica, NY 13504 ACCOUNT NO. 3567 State Farm Insurance Loss AFNI on accident Claim # 1310 Martin Luther King Dr. \$3,857.32 13-370R-987 PO Box 3517 Bloomington, IL 61702-3517 Daughter was driving her car Additional Contacts for AFNI (3567): Illinois Secretary of State Safety & Financial Responsibility 2701 S. Dirksen Parkway Springfield, IL 62723 State Farm Insurance Support Center PO Box 680001 Dallas, TX 75368-0001 Subtotal> 8.540.32 continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

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| In re Mary E. Jackson | •              | Case No.   |
|-----------------------|----------------|------------|
| Debtor                | <del>-</del> / | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| •   |          |  |  |            |                      |           |                    |
|---|----------|--|--|------------|----------------------|-----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.        | CONTINGENT | UNLIQUIDATED         | DISPUTED  | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. ****  |          |  |  |            |                      |           |                    |
| AFNI<br>PO Box 3097<br>Bloomington, IL 61702  |          |  | General Services   |            |                      |           | \$1,653.00         |
| Notes: Collections for Verizon  | Wirel    | ess                                      |  |            |                      |           |                    |
| ACCOUNT NO. 5094  |          |  |  |            |                      |           |                    |
| Com Ed<br>PO Box 6111<br>Carol Stream, IL 60197-6111  |          |  | General Services   |            |                      |           | \$312.00           |
| Additional Contacts for Com Ed(509  | 04):     |  |  |            |                      |           |                    |
| L J Ross Associates Inc.<br>4 Universal Way<br>Jackson, MI 49202                                  |          |  |  |            |                      |           |                    |
| ACCOUNT NO. 5130  |          |  |  |            |                      |           |                    |
| Comcast<br>PO box 3002<br>Southeastern, PA 19398-3002   |          |  | General Services   |            |                      |           | \$552.67           |
| Notes: Stellar account 110474   | 13 \$20  | 06.00                                    | <u> </u>   | L          |                      |           | <u> </u>           |
| Sheet no. 1 of 4 continuation state to Schedule of Creditors Holding Unsecure Nonpriority Claims  |          | ached                                    |  |            | Sub                  | ototal➤   | \$ 2,517.67        |
|   |          | (Report                                  | (Use only on last page of the<br>also on Summary of Schedules and, if app<br>Summary of Certain Liab | olicable o | ed Scheon<br>the Sta | itistical | \$                 |

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| In re Mary E. Jackson | , | Case No.   |
|-----------------------|---|------------|
| Debtor                | ~ | (if known) |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                     | CODEBTOR     | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.         | CONTINGENT | UNLIQUIDATED          | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--------------|--|---|------------|-----------------------|----------|--------------------|
| Additional Contacts for Comcast (513<br>Stellar Recovery INC<br>1327 Highway 2 W.<br>Suite 100<br>Kelispell, MT 59901 | <u> </u><br> |  |   |            |                       |          |                    |
| ACCOUNT NO. 1221  Creditors Protection SVC 202 W. State Street Ste. 300 Rockford, IL 61101                            |              |  | Medical Services  |            |                       |          | \$1,315.00         |
| Notes: Collections for Hulsebu  | ıs Chi       | ropractic                                |   |            |                       |          |                    |
| ACCOUNT NO. 4154  EDC/STATELINE Rental Pro 920 22nd ST Rockford, IL 61108   | х            |  | Lodging   |            |                       |          | \$975.00           |
|   | L            | L  | <u> </u>  | I          | <u> </u>              |          |                    |
| Enhanced Recovery Co. PO Box 57547 Jacksonville, FL 32241   |              |  | General Services  |            |                       |          | \$311.00           |
| Notes: Collections for AT&T   | L            | <u> </u>                                 | <u> </u>  | <u> </u>   | <u> </u>              |          |                    |
| Sheet no. 2 of 4 continuation sl<br>to Schedule of Creditors Holding Unsecure<br>Nonpriority Claims                   |              | ached                                    |   |            | Sub                   | total➤   | \$ 2,601.00        |
|   |              | (Report                                  | (Use only on last page of the<br>also on Summary of Schedules and, if app<br>Summary of Certain Liabi | licable o  | ed Sched<br>n the Sta | tistical | \$                 |

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| In re Mary E. Jackson | • | Case No.   |
|-----------------------|---|------------|
| Debtor                |   | (if known) |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| •   |          |  |   |            |                       |          |                    |
|---|----------|--|---|------------|-----------------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.         | CONTINGENT | UNLIQUIDATED          | DISPUTED | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 0-08  |          |  |   |            |                       |          |                    |
| Loves Park Water Dept.<br>PO Box 2275<br>Loves Park, IL 61131-0275                                  |          |  | General Services  |            |                       |          | \$360.17           |
| 10001117110   |          | ı  | ı   | T          |                       |          |                    |
| Malik Eye Institute, LLC<br>3865 N. Mulford Rd<br>Rockford, IL 61114                                |          |  | Medical Services  |            |                       |          | \$20.00            |
|   |          |  |   |            |                       |          |                    |
| Nicor Gas<br>PO Box 5407<br>Carol Stream, IL 60197-5407   |          |  | General Services  |            |                       |          | \$461.77           |
|   |          | <u> </u>                                 |   | 1          |                       |          |                    |
| Northeast Family YMCA<br>8451 Orth Road<br>Loves Park, IL 61111                                     |          |  | General Services  |            |                       |          | \$192.75           |
|   | <u> </u> | <u> </u>                                 | <u> </u>  |            | <u> </u>              | L        | <u> </u>           |
| Sheet no. 3 of 4 continuation sl<br>to Schedule of Creditors Holding Unsecure<br>Nonpriority Claims |          | ached                                    |   |            | Sub                   | total➤   | s 1,034.69         |
|   |          | (Report                                  | (Use only on last page of the<br>also on Summary of Schedules and, if app<br>Summary of Certain Liabi | olicable o | ed Sched<br>n the Sta | tistical | \$                 |

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| In re Mary E. Jackson | Case No.   |
|-----------------------|------------|
| Debtor                | (if known) |

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

|   |            |  | (Continuation Sheet)   |            |                      |           |                    |
|---|------------|--|--|------------|----------------------|-----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR   | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.        | CONTINGENT | UNLIQUIDATED         | DISPUTED  | AMOUNT OF<br>CLAIM |
| ACCOUNT NO. 0559  |            |  |  |            |                      |           |                    |
| Receivable Recovery Service<br>110 Veterans Blvd<br>Metairie, LA 70005                            |            |  | Medical Services   |            |                      |           | \$1,513.00         |
| Notes: Collections for Dr. Sexs   | son O      | rtho- Rock                               | rford  | ·          |                      |           |                    |
| Rock River Disposal<br>4002 S. Main St<br>Rockford, IL 61102                                      |            |  | General Services   |            |                      |           | \$92.90            |
|   |            |  | T  |            |                      |           |                    |
| University of Phoenix<br>4615 E. Elwood St<br>Phoenix, AZ 85040                                   |            |  | General Services   |            |                      |           | \$422.00           |
| Notes: Reported as unsecured  |            |  |  |            |                      |           |                    |
| Sheet no. 4 of 4 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims     | neets atta | ached                                    |  |            | Sub                  | ototal➤   | \$ 2,027.90        |
|   |            | (Report                                  | (Use only on last page of the<br>also on Summary of Schedules and, if app<br>Summary of Certain Liab | olicable o | ed Scheon<br>the Sta | itistical | \$ 16,721.58       |

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B 6G (Official Form 6G) (12/07)

| In re Mary E. Jackson, |        | Case No. |            |  |
|------------------------|--------|----------|------------|--|
|                        | Debtor | <u> </u> | (if known) |  |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
|  |  |
|  |  |
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B 6H (Official Form 6H) (12/07)

| In re Mary E. Jackson, | son,   |  |            |  |  |
|------------------------|--------|--|------------|--|--|
|                        | Debtor |  | (if known) |  |  |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR                                  | NAME AND ADDRESS OF CREDITOR   |
|---|--|
| Camille Lamb<br>809 E. Riverside Blvd<br>Loves Park, IL 61111 | EDC/STATELINE Rental Pro<br>Account No.: 4154<br>920 22nd ST<br>Rockford, IL 61108 |

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|  | Docui   | nent rag                                 | C Z 1           | . 01 43                      |   |  |
|--|---|--|-----------------|------------------------------|---|--|
| Fill in this information to identify   | your case:  |  |                 |                              |   |  |
| Debtor 1 Mary E. Jacks   | on  |  |                 |                              |   |  |
| First Name   | Middle Name   | Last Name                                |                 |                              |   |  |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name   | Last Name                                |                 |                              |   |  |
| United States Bankruptcy Court for: No   | orthern District of Illin   | nois                                     |                 |                              |   |  |
|  |   |  |                 |                              |   |  |
| Case number(If known)  |   |  |                 | Check if t                   |   |  |
|  |   |  |                 |                              | nended filing<br>plement showing post-                | notition                               |
|  |   |  |                 |                              | er 13 income as of the                                |  |
| Official Form B 6I   |   |  |                 |                              | D / YYYY  | J                                      |
|  |   |  |                 | 1011017 25                   | 5,1111  |  |
| Schedule I: You  | ir income   |  |                 |                              |   | 12/13                                  |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spot separate sheet to this form. On the Part 1:  Describe Employment | ou are married and not fili<br>use is not filing with you, o<br>e top of any additional pag | ng jointly, and yo<br>do not include inf | ur spo<br>ormat | ouse is living with your spo | you, include information<br>ouse. If more space is no | n about your spouse<br>eeded, attach a |
| Fill in your employment information.   |   | Debtor 1                                 |                 |                              | Debtor 2 or non-fil                                   | ing spouse                             |
| If you have more than one job,   |   |  |                 |                              |   |  |
| attach a separate page with information about additional   | Employment status   | ☐ Employed                               |                 |                              | ☐ Employed  |  |
| employers.   |   | Not employ                               | ed              |                              | ■ Not employed  |  |
| Include part-time, seasonal, or self-employed work.  | Occupation  |  |                 |                              |   |  |
| Occupation may Include student or homemaker, if it applies.  | Occupation  |  |                 |                              |   |  |
|  | Employer's name   |  |                 |                              | <del></del>   |  |
|  | Employer's address  |  |                 |                              |   |  |
|  |   | Number Street                            |                 |                              | Number Street   |  |
|  |   |  |                 |                              |   |  |
|  |   |  |                 |                              |   |  |
|  |   |  |                 |                              |   |  |
|  |   | City                                     | State           | e ZIP Code                   | City  | State ZIP Code                         |
|  | How long employed then  | re?                                      |                 |                              |   |  |
|  | 3. 1.3.   |  |                 |                              |   |  |
| Part 2: Give Details Abour   | t Monthly Income  |  |                 |                              |   |  |
| Estimate monthly income as of  | the date you file this form   | n. If you have nothi                     | ng to           | report for any line, w       | rite \$0 in the space. Inclu                          | de your non-filing                     |
| spouse unless you are separated  |   |  |                 |                              |   |  |
| If you or your non-filing spouse had below. If you need more space, a  |   |  | rmatio          | on for all employers i       | for that person on the line                           | S                                      |
|  |   |  |                 | For Debtor 1                 | For Debtor 2 or                                       |  |
|  |   |  |                 | . 0. 200.0. 1                | non-filing spouse                                     |  |
| List monthly gross wages, sal deductions). If not paid monthly,  |   |  | 2.              | \$                           | \$ <u>0.00</u>  |  |
| 3. Estimate and list monthly ove   | rtime pay.  |  | 3.              | +\$                          | + \$ 0.00   |  |
| 4. Calculate gross income. Add li  | ine 2 + line 3.   |  | 4.              | \$ <u>0.00</u>               | \$ <u>0.00</u>  |  |

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Debtor 1

Mary E. Jackson

Doc 1

Last Name

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Case number (if known)

For Debtor 1 For Debtor 2 or non-filing spouse 0.00**9.00** Copy line 4 here..... 5. List all payroll deductions: **\$ 0.00** 5a. Tax, Medicare, and Social Security deductions 5a. \$ 0.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 5e. 5e. Insurance **\$ 0.00** 5f. Domestic support obligations 5f. \$ 0.00 5g. Union dues 5g. + \$0.00 5h. 5h. Other deductions. Specify: \$ 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. \$ 0.00 \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total **00.0** 2 \$ 0.00 8a. monthly net income. \$ 0.00 \$ 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$ 0.00 **\$ 0.00** settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 910.00 \$ 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance \$ 300.00 that you receive, such as food stamps (benefits under the Supplemental **9.00** Nutrition Assistance Program) or housing subsidies. Specify: Link 8f. \$ 0.00 **9.00** 8g. Pension or retirement income 8g. +\$0.00 8h. Other monthly income. Specify: 8h. + \$ 0.00 **\$ 1,210.00** \$ 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 1,210.00 **\$ 1,210.00 \$ 0.00** Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. **+** \$\_**0.00** Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 1,210.00 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. ☐ Yes. Explain:

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| Fill in this information to identify your case:   |   |  |   |  |
|---|---|--|---|--|
| Debtor 1  Mary E. Jackson  First Name  Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for: Northern District of Illinois  Case number (If known)  Official Form B 6J  Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filiniformation. If more space is needed, attach another sheet to this form (if known). Answer every question.  | expense  MM / DD  A separa maintain   | nded filingement sas as of / YYYY atte filings a sep | howing post-<br>the following  g for Debtor 2 parate housel | 2 because Debtor 2 hold  12/13 ng correct        |
| Part 1: Describe Your Household   |   |  |   |  |
| <ul> <li>1. Is this a joint case?</li> <li>X No. Go to line 2.</li> <li>Yes. Does Debtor 2 live in a separate household?</li> <li>X No</li> <li>Yes. Debtor 2 must file a separate Schedule J.</li> </ul>   |   |  |   |  |
| <ul> <li>2. Do you have dependents?</li> <li>Do not list Debtor 1 and Debtor 2.</li> <li>No</li> <li>Yes. Fill out this information for each dependent.</li> </ul>  | Dependent's relationship to<br>Debtor 1 or Debtor 2                                 |  | Dependent's<br>age  | Does dependent live with you?                    |
| Debtor 2. each dependent  Do not state the dependents' names.   | Daughter  | <u>1</u><br>-<br>-                                   | 4   | No Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   |   |  |   |  |
| Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplement applicable date.  Include expenses paid for with non-cash government assistance if you of such assistance and have included it on Schedule I: Your Income (Co. 4. The rental or home ownership expenses for your residence. Include any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues | ental <i>Schedule J</i> , check the box<br>u know the value<br>Official Form B 6I.) |  | -   | n and fill in the                                |

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Debtor 1

Mary E. Jackson
First Name Middle Name

Last Name

Case number (if known)\_

|     |  |      | Your expenses   |
|-----|--|------|-----------------|
| 5   | Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$ <u>0.00</u>  |
|     |  | 0.   |                 |
| 6.  | Utilities:   | 0-   | <b>\$100.00</b> |
|     | 6a. Electricity, heat, natural gas   | 6a.  | \$ 50.00        |
|     | 6b. Water, sewer, garbage collection   | 6b.  | \$120.00        |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$ 0.00         |
|     | 6d. Other. Specify:  | 6d.  | \$ 250.00       |
| 7.  | Food and housekeeping supplies   | 7.   | ·               |
| 8.  | Childcare and children's education costs   | 8.   | \$ <u>0.00</u>  |
| 9.  | Clothing, laundry, and dry cleaning  | 9.   | \$ <u>0.00</u>  |
| 10. | Personal care products and services  | 10.  | \$ <u>0.00</u>  |
| 11. | Medical and dental expenses  | 11.  | \$ <u>0.00</u>  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.  | \$ <u>50.00</u> |
| 40  |  |      | <b>\$ 0.00</b>  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.  | \$ 0.00         |
| 14. | Charitable contributions and religious donations   | 14.  | \$ <u>0.00</u>  |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |                 |
|     | 15a. Life insurance  | 15a. | \$ <u>0.00</u>  |
|     | 15b. Health insurance  | 15b. | \$ <u>0.00</u>  |
|     | 15c. Vehicle insurance   | 15c. | \$ <u>60.00</u> |
|     | 15d. Other insurance. Specify:   | 15d. | \$ <u>0.00</u>  |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   |      | <b>§ 0.00</b>   |
|     | Specify:   | 16.  | \$ <u>0.00</u>  |
| 17. | Installment or lease payments:   |      |                 |
|     | 17a. Car payments for Vehicle 1  | 17a. | <b>§_0.00</b>   |
|     | 17b. Car payments for Vehicle 2  | 17b. | <b>§_0.00</b>   |
|     | 17c. Other. Specify:   | 17c. | \$              |
|     | 17d. Other. Specify:   | 17d. | \$              |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I). | 18.  | \$ <b>0.00</b>  |
|     |  |      |                 |
| 19. | Other payments you make to support others who do not live with you.  | 40   | § 0.00          |
|     | Specify:   | 19.  | \$0.00          |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income   | ne.  | 0.00            |
|     | 20a. Mortgages on other property   | 20a. | \$ <u>0.00</u>  |
|     | 20b. Real estate taxes   | 20b. | \$ <u>0.00</u>  |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c. | \$ <u>0.00</u>  |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$ <u>0.00</u>  |
|     | 20e. Homeowner's association or condominium dues   | 20e. | \$ <u>0.00</u>  |

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| Debtor 1        | Mary E.                       | Jackson<br>Middle Name | Last Name   | Case number (# kno        | wn)          |                        |
|-----------------|-------------------------------|------------------------|---|---------------------------|--------------|------------------------|
| 1. Other.       | . Specify:                    |                        |   |                           | 21.          | +\$0.00                |
|                 | monthly expensult is your mon |                        | 4 through 21.   |                           | 22.          | \$ <u>1,130.00</u>     |
|                 | ate your month                | •                      |   |                           | 00           | <sub>\$</sub> 1,210.00 |
|                 |                               |                        | onthly income) from Schedule I. om line 22 above.   |                           | 23a.<br>23b. | - <u>\$1,130.00</u>    |
|                 | Subtract your mo              |                        | s from your monthly income.   |                           | 23c.         | \$80.00                |
| For exa         | ample, do you e               | xpect to finish p      | ase in your expenses within the aying for your car loan within the yease because of a modification to | ear or do you expect your |              |                        |
| ☐ No.<br>☐ Yes. | Explain he                    | ere:                   |   |                           |              |                        |

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B 6 Summary (Official Form 6 - Summary) (12/13)

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In re                   | Case No            |
|-------------------------|--------------------|
| Mary E. Jackson  Debtor | , Chapter <b>7</b> |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS         | LIABILITIES         | OTHER       |
|---|----------------------|---------------|----------------|---------------------|-------------|
| A - Real Property   | YES                  | 1             | \$<br>0.00     |                     |             |
| B - Personal Property   | YES                  | 3             | \$<br>8,225.00 |                     |             |
| C - Property Claimed<br>as Exempt   | YES                  | 1             |                |                     |             |
| D - Creditors Holding<br>Secured Claims   | YES                  | 1             |                | \$ 3,000.00         |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | YES                  | 2             |                | \$ 0.00             |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | YES                  | 5             |                | <b>\$ 16,721.58</b> |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | YES                  | 1             |                |                     |             |
| H - Codebtors   | YES                  | 1             |                |                     |             |
| I - Current Income of<br>Individual Debtor(s)   | YES                  | 2             |                |                     | \$ 1,210.00 |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | YES                  | 3             |                |                     | \$ 1,130.00 |
| TO  | ΓAL                  | 20            | \$<br>8,225.00 | \$ 19,721.58        |             |

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B 6 Summary (Official Form 6 - Summary) (12/13)

Mary E. Jackson

Debtor

In re

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| Case No |  |
|---------|--|

Chapter **7** 

| STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA | (28 U.S.C. § | 159) |
|---|--------------|------|

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability  | Amount      |
|--|-------------|
| Domestic Support Obligations (from Schedule E)   | \$ 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)   | \$ 0.00     |
| Claims for Death or Personal Injury While Debtor Was<br>Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00     |
| Student Loan Obligations (from Schedule F)   | \$ 4,683.00 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                   | \$ 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                              | \$ 0.00     |
| TOTAL  | \$ 4,683.00 |

#### **State the following:**

| Average Income (from Schedule I, Line 12)  | \$<br>1,210.00 |
|--|----------------|
| Average Expenses (from Schedule J, Line 22)  | \$<br>1,130.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$<br>0.00     |

#### **State the following:**

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |         | \$ 0.0      |
|--|---------|-------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |             |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.0      |
| 4. Total from Schedule F   |         | \$ 16,721.5 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 16,721.5 |

(if known)

| In re | Mary E. Jackson | , | Case No. |
|-------|-----------------|---|----------|
|       | Debtor          | , |          |

## **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| o <sub>ate</sub> April 1, 2015  | Signature: s/Mary E. Jackson   |
|---|--|
|   | Mary E. Jackson Debtor   |
| nte   | Signature:   |
|   | (Joint Debtor, if any)   |
|   | [If joint case, both spouses must sign.]   |
|   | ATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)   |
| e debtor with a copy of this document and the notices omulgated pursuant to 11 U.S.C. § 110(h) setting a m  | kruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provide and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been aximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum lebtor or accepting any fee from the debtor, as required by that section.  |
| nted or Typed Name and Title, if any,<br>Bankruptcy Petition Preparer   | Social Security No. (Required by 11 U.S.C. § 110.)   |
| the bankruptcy petition preparer is not an individual, to signs this document.  | state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partne   |
| ignature of Bankruptcy Petition Preparer  |  |
|   |  |
| ·   | uals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:  additional signed sheets conforming to the appropriate Official Form for each person.   |
| more than one person prepared this document, attach   |  |
| more than one person prepared this document, attach bankruptcy petition preparer's failure to comply with the p U.S.C. § 156.   | additional signed sheets conforming to the appropriate Official Form for each person.  |
| nore than one person prepared this document, attach  pankruptcy petition preparer's failure to comply with the p U.S.C. § 156.  DECLARATION UNDER PE  I, the  principles of the   | additional signed sheets conforming to the appropriate Official Form for each person.  provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 11  |
| nore than one person prepared this document, attach  bankruptcy petition preparer's failure to comply with the p U.S.C. § 156.  DECLARATION UNDER PE  I, the  enterthership ] of the  did the foregoing summary and schedules, consisting | nadditional signed sheets conforming to the appropriate Official Form for each person.  Provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 11  NALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP  [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have ag of sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B 7 (Official Form 7) (04/13)

### UNITED STATES BANKRUPTCY COURT

#### NORTHERN DISTRICT OF ILLINOIS

| In re: Mary E. Jackson | Case No |            |
|------------------------|---------|------------|
| Debtor                 |         | (if known) |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a

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joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> **AMOUNT SOURCE**

Debtor:

Current Year (2015):

\$2,730.00 Social Security Disability YTD

Previous Year 1 (2014):

\$10,848.00 Social Security Disability

Previous Year 2 (2013):

\$10,800.00 Social Security Disability

Joint Debtor: N/A

3. Payments to creditors

#### Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AMOUNT DATES OF AMOUNT **PAYMENTS PAID** STILL OWING

Debtor:

None |X|

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF AMOUNT **AMOUNT** PAYMENTS/ PAID OR STILL **TRANSFERS** VALUE OF **OWING** 

**TRANSFERS** 

c. All debtors: List all payments made within one year immediately preceding the commencement of this case

 $<sup>^*</sup>$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

 $\boxtimes$ to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATE OF **AMOUNT AMOUNT** AND RELATIONSHIP TO DEBTOR **PAYMENT** PAID STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  $\boxtimes$ 

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR STATUS OR AND CASE NUMBER **PROCEEDING** AGENCY AND DISPOSITION LOCATION

None  $\times$ 

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DESCRIPTION OF PERSON FOR WHOSE DATE OF AND VALUE BENEFIT PROPERTY WAS SEIZED **SEIZURE** OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None  $\times$ 

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF REPOSSESSION. DESCRIPTION NAME AND ADDRESS FORECLOSURE SALE, AND VALUE OF CREDITOR OR SELLER TRANSFER OR RETURN OF PROPERTY

#### 6. Assignments and receiverships

None  $\times$ 

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TERMS OF NAME AND ADDRESS DATE OF ASSIGNMENT

4

OR SETTLEMENT

OF ASSIGNEE ASSIGNMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION DESCRIPTION
NAME AND ADDRESS OF COURT DATE OF
OF CUSTODIAN CASE TITLE & NUMBER ORDER OF PROPERTY

#### 7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS RELATIONSHIP DESCRIPTION
OF PERSON TO DEBTOR, DATE AND VALUE
OR ORGANIZATION IF ANY OF GIFT OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION DESCRIPTION OF CIRCUMSTANCES AND, IF AND VALUE OF LOSS WAS COVERED IN WHOLE OR IN PART

AND VALUE OF LOSS WAS COVERED IN WHOLE OR IN PART DATE PROPERTY BY INSURANCE, GIVE PARTICULARS OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

DATE OF PAYMENT, AMOUNT OF MONEY OR NAME AND ADDRESS NAME OF PAYER IF DESCRIPTION AND OF PAYEE OTHER THAN DEBTOR VALUE OF PROPERTY

Debtor:

McGarragan Law Offices 03/30/15 \$1,100.00

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Access 633 W. 5th Suite 260001 Los Angeles, California 90071 10/06/14 \$9.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

5

None  $|\mathsf{X}|$ 

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S

INTEREST IN PROPERTY

#### 11. Closed financial accounts

None X

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS NAMES AND ADDRESSES DESCRIPTION DATE OF Document Page 34 of 45

OF BANK OR OTHER DEPOSITORY OF THOSE WITH ACCESS OF TO BOX OR DEPOSITORY CONTENTS **TRANSFER** OR SURRENDER, IF ANY

6

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF **SETOFF** 

**AMOUNT** OF SETOFF

#### 14. Property held for another person

None  $\boxtimes$ 

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None 

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

Debtor:

4746 Cheshire Place

Mary E. Jackson

Loves Park, Illinois 61111-3914

#### 16. Spouses and Former Spouses

None X

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites."

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME NAME AND ADDRESS **ENVIRONMENTAL** AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

None  $\times$ 

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME NAME AND ADDRESS DATE OF **ENVIRONMENTAL** AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

None X

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS STATUS OR OF GOVERNMENTAL UNIT DOCKET NUMBER DISPOSITION

#### 18. Nature, location and name of business

None |X|

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO

AND NATURE OF **ENDING** 

NAME

(ITIN)/ COMPLETE EIN

**ADDRESS** 

BUSINESS

**DATES** 

**BEGINNING** 

None  $\times$ 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**NAME** 

**ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None X

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

None X

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **ADDRESS** 

None X

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case. NAME AND ADDRESS

DATE OF INVENTORY

DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other

9

INVENTORY SUPERVISOR basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES

OF CUSTODIAN

DATE OF INVENTORY OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated

| X         | within one year immediately preceding the commencement of this case.  |  |  |  |  |
|-----------|---|--|--|--|--|
|           | NAME AND ADDRESS  | TITLE                                    | DATE OF TERMINATION  |  |  |
|           |   |  |  |  |  |
|           | 23 . Withdrawals from a partners  | hip or distributions by a corporatio     | n  |  |  |
| None      | If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during <b>one year</b> immediately preceding the commencement of this case. |  |  |  |  |
|           | NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR   | DATE AND PURPOSE<br>OF WITHDRAWAL        | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |  |  |
|           | 24. Tax Consolidation Group.  |  |  |  |  |
| None<br>⊠ | If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within <b>six years</b> immediately preceding the commencement of the case.                         |  |  |  |  |
|           | NAME OF PARENT CORPORAT   | ION TAXPAY                               | ER-IDENTIFICATION NUMBER (EIN)                             |  |  |
|           | 25. Pension Funds.  |  |  |  |  |
| None<br>⊠ | If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within <b>six years</b> immediately preceding the commencement of the case.                                 |  |  |  |  |
|           | NAME OF PENSION FUND  | TAXPAYI                                  | ER-IDENTIFICATION NUMBER (EIN)                             |  |  |
|           |   | ****                                     |  |  |  |
|           | I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.   |  |  |  |  |
|           | Date April 1, 2015  | Signature of Debtor                      | s/Mary E. Jackson  |  |  |
|           | Date  | Signature of<br>Joint Debtor<br>(if any) |  |  |  |

0 continuation sheets attached

11

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B 8 (Official Form 8) (12/08)

# UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS

| In re Mary E. Jackson Debtor   |  | Case No  |  |
|--|--|--|--|
| CHAPTER 7 INI  | DIVIDUAL DEBTOR'S STATE  | MENT OF INTENTION  |  |
|  | y property of the estate. (Part A must b<br>. Attach additional pages if necessary.) | ne fully completed for <b>EACH</b> debt which is                     |  |
| Property No. 1   |  |  |  |
| Creditor's Name: Jack Mitchell   | Describe Propert Daughters car   | Describe Property Securing Debt: Daughters car                       |  |
| Property will be (check one):  □ Surrendered   | ⊠ Retained   |  |  |
| If retaining the property, I in  □ Redeem the prope  ⊠ Reaffirm the debt □ Other. Explain  U.S.C. § 522(f)).  Property is (check one): □ Claimed as exen | (1   | for example, avoid lien using 11                                     |  |
| for each unexpired lease. Attach   | ty subject to unexpired leases. (All thr   | ree columns of Part B must be completed                              |  |
| Property No. 1  Lessor's Name: None  | Describe Leased Property:  | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  □ YES □ NO |  |
|  | perjury that the above indicates my personal property subject to an unex             |  |  |
| Date: April 1, 2015  | s/Mary E.  | Jackson  |  |
|  | Signature of   | of Debtor  |  |
|  |  |  |  |
|  |  |  |  |

Signature of Joint Debtor

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ACS Educational Services PO Box 7051 Utica, NY 13504

AFNI 1310 Martin Luther King Dr. PO Box 3517 Bloomington, IL 61702-3517

AFNI PO Box 3097 Bloomington, IL 61702

Camille Lamb 809 E. Riverside Blvd Loves Park, IL 61111

Com Ed PO Box 6111 Carol Stream, IL 60197-6111

Comcast PO box 3002 Southeastern, PA 19398-3002

Creditors Protection SVC 202 W. State Street Ste. 300 Rockford, IL 61101

EDC/STATELINE Rental Pro 920 22nd ST Rockford, IL 61108

Enhanced Recovery Co. PO Box 57547 Jacksonville, FL 32241

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Illinois Secretary of State Safety & Financial Responsibility 2701 S. Dirksen Parkway Springfield, IL 62723

Jack Mitchell 1501 Windsor Rd Loves Park, IL 61111

L J Ross Associates Inc. 4 Universal Way Jackson, MI 49202

Loves Park Water Dept. PO Box 2275 Loves Park, IL 61131-0275

Malik Eye Institute, LLC 3865 N. Mulford Rd Rockford, IL 61114

Nicor Gas PO Box 5407 Carol Stream, IL 60197-5407

Northeast Family YMCA 8451 Orth Road Loves Park, IL 61111

Receivable Recovery Service 110 Veterans Blvd Metairie, LA 70005

Rock River Disposal 4002 S. Main St Rockford, IL 61102

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State Farm
Insurance Support Center
PO Box 680001
Dallas, TX 75368-0001

Stellar Recovery INC 1327 Highway 2 W. Suite 100 Kelispell, MT 59901

University of Phoenix 4615 E. Elwood St Phoenix, AZ 85040

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B 203 (12/94)

# United States Bankruptcy Court

### NORTHERN DISTRICT OF ILLINOIS

| In re   |   |   |   |              |
|---|---|---|---|--------------|
|   | Mary E. Jackson   |   | Case No.                                    |              |
| De  | ebtor   |   | Chapter 7                                   |              |
|   | DISCLOSUR   | RE OF COMPENSATION  | ON OF ATTORNEY FOR DEBTO                    | R            |
| 1.  | named debtor(s) and the bankruptcy, or agreed to  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-<br>named debtor(s) and that compensation paid to me within one year before the filing of the petition in<br>pankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s)<br>in contemplation of or in connection with the bankruptcy case is as follows: |   |              |
| For legal services, I have agreed to accept\$ |   |   |   | 100.00       |
|   | Prior to the filing of this   | statement I have received   | \$ <u>1,</u>                                | 100.00       |
|   | Balance Due   |   | \$ <u>0.</u> 0                              | 00           |
| 2.  | The source of the compensation paid to me was:  |   |   |              |
|   | X Debtor  | Other (specify)   |   |              |
| 3.  | The source of compensa  | ation to be paid to me is:  |   |              |
|   | ☐ Debtor  | Other (specify)   |   |              |
| 4.  | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |   |   | s they are   |
|   | ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |   |   |              |
| 5.  | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |   |              |
|   | a. Analysis of the debto to file a petition in b  |   | rendering advice to the debtor in determin  | ing whether  |
|   | b. Preparation and filin  | g of any petition, schedules  | s, statements of affairs and plan which may | be required; |
|   | c. Representation of the hearings thereof;  | e debtor at the meeting of c  | reditors and confirmation hearing, and any  | adjourned    |

# Case 15-80891 Doc 1 Filed 04/01/15 Entered 04/01/15 14:02:52 Desc Main Document Page 45 of 45 DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

| d. | Representation-of-the-debtor-in-adversary  | <del>/-proceedings and-other-contested-bankruptcy-matters;</del> |  |
|----|--|--|--|
|    | [Other provisions as needed]   |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
| Ву | By agreement with the debtor(s), the above-disclosed fee does not include the following services   |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    | (  | CERTIFICATION  |  |
|    | I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. |  |  |
|    | April 1, 2015  | s/Laura L McGarragan   |  |
|    | Date   | Laura L McGarragan Signature of Attorney                         |  |
|    |  | McGarragan Law Offices  Name of law firm                         |  |
|    |  |  |  |
|    |  |  |  |

6.